

EXHIBIT C

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

Supreme COURT, COUNTY OF Rockland

Index No: 1260/16 Date Index Issued: 08/15/2016

CAPTION: Enter the complete case caption. Do not use et al or et ano. If more space is required, attach a caption rider sheet.MICHAEL SULLIVAN,
For a Judgment Pursuant To CPLR article 78 and for Declaratory Judgment and other relief

Plaintiff(s)/Petitioner(s)

-against-

GEORGE HOEHMANN, Individually and as Town Supervisor of the Town of Clarkstown, Councilman FRANK BORELLI, Individually and as a Member of the Clarkstown Town Board, Councilwoman STEPHANIE HAUSNER, as a Member of the Clarkstown Town Board, Councilman JOHN J. NOTO, Individually and as a Member of the Clarkstown Town Board, Councilwoman ADRIENNE D. CAREY, Individually and as a Member of the Clarkstown Town Board, the TOWN OF CLARKSTOWN and the TOWN BOARD OF THE TOWN OF CLARKSTOWN,

Defendant(s)/Respondent(s)

NATURE OF ACTION OR PROCEEDING: Check ONE box only and specify where indicated.**MATRIMONIAL**☐ Contested**NOTE:** For all Matrimonial actions where the parties have children under the age of 18, complete and attach the **MATRIMONIAL RJJ Addendum**.
For Uncontested Matrimonial actions, use RJJ form UD-13.**TORTS**☐ Asbestos☐ Breast Implant☐ Environmental: _____ (specify)☐ Medical, Dental, or Podiatric Malpractice☐ Motor Vehicle☐ Products Liability: _____ (specify)☐ Other Negligence: _____ (specify)☐ Other Professional Malpractice: _____ (specify)☒ Other Tort: 42 USC sec 1983, CivServLaw 75(b), Labor Law 740
(specify)**OTHER MATTERS**☐ Certificate of Incorporation/Dissolution [see NOTE under Commercial]☐ Emergency Medical Treatment☐ Habeas Corpus☐ Local Court Appeal☐ Mechanic's Lien☐ Name Change☐ Pistol Permit Revocation Hearing☐ Sale or Finance of Religious/Not-for-Profit Property☐ Other: _____ (specify)**COMMERCIAL**☐ Business Entity (including corporations, partnerships, LLCs, etc.)☐ Contract☐ Insurance (where insurer is a party, except arbitration)☐ UCC (including sales, negotiable instruments)☐ Other Commercial: _____**NOTE:** For Commercial Division assignment requests (see 22 NYCRR § 120.2(d)), complete and attach the **COMMERCIAL DIV RJJ Addendum**.**REAL PROPERTY:** How many properties does the application include? _____☐ Condemnation☐ Mortgage Foreclosure (specify):☐ Residential☐ Commercial

Property Address: _____

Street Address

City

State

Zip

NOTE: For Mortgage Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the **FORECLOSURE RJJ Addendum**.☐ Tax Certiorari - Section: _____ Block: _____ Lot: _____☐ Tax Foreclosure☐ Other Real Property: _____ (specify)**SPECIAL PROCEEDINGS**☐ CPLR Article 75 (Arbitration) [see NOTE under Commercial]☐ CPLR Article 78 (Body or Officer)☐ Election Law☐ MHL Article 9.60 (Kendra's Law)☐ MHL Article 10 (Sex Offender Confinement-Initial)☐ MHL Article 10 (Sex Offender Confinement-Review)☐ MHL Article 81 (Guardianship)☐ Other Mental Hygiene: _____ (specify)☐ Other Special Proceeding: _____ (specify)**STATUS OF ACTION OR PROCEEDING:** Answer YES or NO for EVERY question AND enter additional information where indicated.

YES	NO
-----	----

Has a summons and complaint or summons w/notice been filed?

☐

If yes, date filed: _____

Has a summons and complaint or summons w/notice been served?

☐

If yes, date served: _____

Is this action/proceeding being filed post-judgment?

☐

If yes, judgment date: _____

NATURE OF JUDICIAL INTERVENTION:

Check ONE box only AND enter additional information where indicated.

- ☐ Infant's Compromise
☐ Note of Issue and/or Certificate of Readiness
☐ Notice of Medical, Dental, or Podiatric Malpractice
☐ Notice of Motion
☐ Notice of Petition
☒ Order to Show Cause
☐ Other Ex Parte Application
☐ Poor Person Application
☐ Request for Preliminary Conference
☐ Residential Mortgage Foreclosure Settlement Conference
☐ Writ of Habeas Corpus
☐ Other (specify): _____

Date Issue Joined: _____

Relief Sought: _____

Return Date: _____

Relief Sought: _____

Return Date: _____

Relief Sought: Injunction/Restraining Order

Return Date: _____

Relief Sought: _____

RELATED CASES:

List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases. If additional space is required, complete and attach the RJI Addendum. If none, leave blank.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case
Garvey v Sullivan, et al.	2416/2012	Supreme Court, Rockland County	Hon. Gerald Loehr	one or more related parties

PARTIES:

For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in space provided. If additional space is required, complete and attach the RJI Addendum.

Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	SULLIVAN Last Name MICHAEL First Name Primary Role: Plaintiff Secondary Role (if any): Petitioner	GLICKEL Last Name RICHARD First Name Firm Name 2 Crosfield Avenue, Ste 103, West Nyack Street Address City New York State 10994 Zip +1 (845) 353-4300 Phone +1 (845) 353-6221 Fax rglickel@optonline.net e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	HOEHMANN Last Name GEORGE First Name Primary Role: Defendant Secondary Role (if any): Respondent	SCIARRETTA Last Name LINO First Name Firm Name OFFICE OF THE CLARKSTOWN TOWN ATTORNEY 10 Maple Avenue, Street Address New City City New York State 10956 Zip +1 (845) 639-2060 Phone +1 (845) 639-2189 Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	BORELLI Last Name FRANK First Name Primary Role: Defendant Secondary Role (if any): Respondent	SAME AS ABOVE Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	HAUSNER Last Name STEPHANIE First Name Primary Role: Defendant Secondary Role (if any): Respondent	SAME AS ABOVE Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated: 08/19/2016

1245422

ATTORNEY REGISTRATION NUMBER

SIGNATURE

Richard A. Glickel

PRINT OR TYPE NAME

Print Form

Request for Judicial Intervention Addendum

Supreme

COURT, COUNTY OF Rockland

Index No: _____

For use when additional space is needed to provide party or related case information.

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.				
Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	NOTO Last Name JOHN First Name Primary Role: Defendant Secondary Role (if any): Respondent	SCARRETTA Last Name LINO First Name OFFICE OF THE CLARKSTOWN TOWN ATTORNEY Firm Name 10 Maple Avenue Street Address New City City New York State 10956 Zip +1 (845) 639-2060 Phone +1 (845) 639-2189 Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	CAREY Last Name ADRIENNE First Name Primary Role: Defendant Secondary Role (if any): Respondent	SAME AS ABOVE Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	TOWN OF CLARKSTOWN Last Name First Name Primary Role: Defendant Secondary Role (if any): Respondent	SAME AS ABOVE Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	TOWN BOARD OF THE TOWN OF Last Name CLARKSTOWN First Name Primary Role: Defendant Secondary Role (if any): Respondent	SAME AS ABOVE Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	

RELATED CASES: List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case